

*If you are using a printed copy of this procedure, and not the on-screen version, then you **MUST** make sure the dates at the bottom of the printed copy and the on-screen version match. The on-screen version of the Collider-Accelerator Department Procedure is the Official Version. Hard copies of all signed, official, C-A Operating Procedures are kept on file in the C-A ESHQ Training Office, Bldg. 911A.*

## C-A OPERATIONS PROCEDURES MANUAL

### ATTACHMENT

#### 1.4.3.a C-A Permanent Procedure Tracking Form for New or Revised Procedures

C-A-OPM Procedures in which this Attachment is used.		
1.4.3		

#### Hand Processed Changes

<u>HPC No.</u>	<u>Date</u>	<u>Page Nos.</u>	<u>Initials</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Approved: \_\_\_\_\_ ***Signature on File*** \_\_\_\_\_  
 Collider-Accelerator Department Chairman Date

D. Passarello

## C-A Permanent Procedure Tracking Form for New or Revised Procedures

C-A-OPM # \_\_\_\_\_ New \_\_\_\_\_ Revised \_\_\_\_\_ Revision No. \_\_\_\_\_

Procedure Title: \_\_\_\_\_

Safety Category: A (yellow) \_\_\_\_\_ B (white) \_\_\_\_\_

Procedure Revision is result of Hand Processed Change, Yes or No \_\_\_\_\_ IF YES, HPC # \_\_\_\_\_

This Procedure was a Temporary Procedure, Yes or No \_\_\_\_\_ IF YES, TP # \_\_\_\_\_

Author(s)/Preparer(s)/Initiator(s): \_\_\_\_\_

Reason for Revision: \_\_\_\_\_

Safety Committee Review	Check if Required	Division Technical Review	Check if Required
ALARA		Accelerator	
Accelerator Safety		Experimental Support & Facilities	
Experimental Safety			
Radiation Safety			
Safety Inspection			
Tandem Advisory Committee			

Cover Page or Procedure Must be Signed by (check one):

C-A Chair \_\_\_\_\_

Accelerator Division Head \_\_\_\_\_

EP&S Division Head \_\_\_\_\_

Signature Associate Chair for ESHQ: \_\_\_\_\_ Date: \_\_\_\_\_

Review Committee Chair or Designee

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Division Reviewer Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Author Signature: \_\_\_\_\_ Date: \_\_\_\_\_

QA Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Training Requirements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Training Manager or ESHQ Division Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Training Completed: (Yes, No or N/A) \_\_\_\_\_ Date: \_\_\_\_\_

Training and Procedures Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Table of Contents Revised, Yes or No \_\_\_\_\_ If HPC Involved, Cancel HPC \_\_\_\_\_

Procedure Distributed to OPM Controlled Copy Holders: Memo Dated: \_\_\_\_\_

Procedure Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_